

# Berghuis Psychological Services, P.C.

## House Bill 5679 Testimony- David Berghuis

I would like to express my appreciation to the Chairperson and the members of the committee in regard to taking testimony on this bill. I address you in my capacities as the President of the Michigan Chapter of the Association for the Treatment of Sexual Abusers (MI-ATSA) and as a clinician with advanced expertise in providing therapeutic services to individuals that have committed sexually offensive behaviors.

I testify in support of amendments to the registry to align the duration an offender is on the registry with empirically-based risk assessment and advocate for the removal of residency restrictions, in recognition of the scientific evidence about risk assessment, treatment efficacy, and best practices for the use of registries to aid toward public safety.

I would like to provide the committee with information about my background and credentials. Following completion of a Master's degree in counseling psychology from Western Michigan University in 1988, I primarily worked with victims of sexual abuse. During this part of my career, in the Community Mental Health setting I have experienced, through victim stories, the hurt that is caused by sexually offensive behaviors.

Starting in 1993, I began receiving referrals for individuals who had committed sex offenses and began providing treatment services. I came to understand that working with these individuals to decrease recidivism, that is lowering the likelihood they would offend again, provided opportunities to achieve personal and professional goals related to preventing sexual abuse from occurring in the first place.

In 2000, I formed Berghuis Psychological Services, P.C., (BPS) to address the treatment needs of those with sexually offending behaviors. Since its founding, BPS has grown to be a leader in sex offender treatment in Michigan. BPS has expanded to employ 11 therapists. We now work throughout the West Michigan and Mid-Michigan area, providing treatment to individuals in 27 counties.

I have personally provided treatment to over 2,500 individuals who have committed sex offenses, in addition to providing supervision and clinical oversight to therapists serving thousands of other of clients with sexual offense concerns. I have testified in several different courts as an expert witness in regard to sexual abuse assessment and treatment. I have also provided training to various audiences in the areas of assessment and treatment of individuals who have committed sexual offense.

Additionally, along with Dr. Arthur E. Jongsma, Jr., I have been the co-author or primary author on 10 books in the popular *Practice Planner* series, published by John Wiley & Sons, including *The Severe and Persistent Mental Illness Planner, 2<sup>nd</sup> Edition*.

Since 2005, I have been a member of the Association for Treatment of Sexual Abusers (ATSA), an

# Berghuis Psychological Services, P.C.

international organization dedicated to preventing sexual abuse and sexual violence. For the past several years, I have been honored to be on the board of the Michigan Chapter of ATSA (MI-ATSA) and am currently serving as the President of that board. Our professional organization represents many of the treatment providers and other stakeholders in this field.

Our executive board consists of residential and outpatient treatment providers, administrators and policy-makers, as well as researchers in this field. Again, I come before you today as both a clinician providing services to the population the proposed legislation impacts, as well as a representative of MI-ATSA, an organization pursuing the decrease of sexual abuse and violence in the State of Michigan.

Sharon Denniston, PhD., has recently testified before this committee. Sharon is an expert in the effects of sex offender registration on juveniles. MI-ATSA is in support of her efforts to make significant changes in juvenile registration.

It is also my understanding that Dr. Jill Levenson testified before this committee on May 6, 2020. We would like to reinforce and support some of the main points that she made:

- 1) Recidivism rates for sex offenders are relatively low.
- 2) As offenders remain in the community without further offense, their risk for further offense decreases significantly.
- 3) Overall, public registries do not improve public safety.

MI-ATSA supports her suggested registry reforms, including matching duration on the registry to empirically derived risk assessment, provide offenders with opportunities for removal from the registry, and provide greater judicial discretion. I understand that Michigan's Attorney General has written to the committee outlining her support of significant changes in the registry based on the lack of individualized risk assessment, issues about the geographic exclusion zones, tiers and in-person reporting requirements. MI-ATSA agrees with her reasoning in these areas.

I want to add to the Committee's understanding about what the science says about offender risk. For the past several years, nearly every offender at the level of Circuit Court Probation or Parole, or through federal prosecution, has had some type of actuarial-based risk assessment completed. Individuals that serve time in prison typically must go through this process as a portion of their discharge and parole process. Individuals that serve jail time or are returned to the community under Circuit Court Probation would also typically have a risk assessment completed. MI-ATSA supports the use of actuarial-based risk assessment in the assignment of tiers within the registry. Actuarial risk assessment is able to identify both static risk factors and stable dynamic risk factors. Static risk factors are factors that are part of an individual's history, and unlikely to have significant change over time. Stable dynamic risk factors are factors that are mostly related to personality factors or self-regulation factors, and are the primary targets of treatment.

For most individuals on Circuit Court Probation or Parole, sex offender treatment will be provided either in the community or both in prison and the community. Research has shown that successful

# Berghuis Psychological Services, P.C.

completion of treatment based on the Risk-Need-Responsivity principles has been shown to have approximately 30% decrease in risk for recidivism amongst individuals that have committed sex offenses. MI-ATSA supports the connection of successful treatment completion with consideration for removal from the registry.

The vast majority of evidence indicates that, similar to most people, individuals that have committed sex offenses do better, are safer and are more successful when they are able to be connected to the people that care about them and that they care about. MI-ATSA supports the removal of residency restrictions from this bill and from the registry. There is no significant evidence that residency restrictions reduce the risk for recidivism. There is some evidence that residency restrictions actually increase recidivism. That is, when an individual is not able to obtain employment or live with the people that care about him because of the proximity to school property, it decreases their stability. As a policy, residency restrictions are counterproductive to the penultimate goal of limiting future victims by enhancing public safety.

As enhancements to the proposed legislation are devised, particularly in light of expert witness testimony and the AG's policy guidance, consideration should be given to the creation of a Sexual Offender Management and Treatment Board. The Board could aid in decision-making and administration of policies for those that have committed sexual offense violations (i.e. monitoring, appeals or removal from the registry, evidence-based treatment protocols, and review of risk assessment). Other states have successfully initiated such boards and have been aided by de-politicizing aspects of policy development and implementation to this type of non-partisan, non-political entity. MI-ATSA and its constituent membership can offer expertise regarding policies and procedures for such alternative approaches to addressing the management and treatment of those that have sexually offended in the State of Michigan. We stand ready to assist in providing for the safety of our Michigan communities and just treatment of those that have offended but that can once again become productive members of those same communities.

As a treatment provider and President of MI-ATSA, I want to make myself and our board available to you for further consultation. Should you have any questions about the aforementioned recommendations or comments, please feel free to contact myself or any member of our board by visiting [MIATSA.org](http://MIATSA.org). I appreciate your willingness to take the time to listen to these concerns, especially in the difficult times of this pandemic. Stay well.

Sincerely,

David J. Berghuis, M.A., L.L.P.  
President, Berghuis Psychological Services, P.C.  
President, Michigan ATSA